



## **H.R. 1567 – Stop Tuberculosis (TB) Now Act of 2007**

### **FLOOR SITUATION**

H.R. 1567 is being considered on the floor under suspension of the rules and will require a two-thirds majority vote for passage. This legislation was introduced by Representative Eliot Engel (D-NY) on March 19, 2007. The bill was reported as amended by the Committee on Foreign Affairs on October 15, 2007.

H.R. 1567 is expected to be considered by on November 5, 2007.

### **SUMMARY**

H.R. 1567 sets a policy goal of reducing the TB death and disease burden to 50 percent of the 1990 baseline and detect at least 70 percent of sputum smear-positive cases of TB and the cure of at least 85 percent of those cases detected by December 15, 2015.

Under this legislation, priority would be given to activities described in the Stop TB Strategy. (See background for details of the Stop TB Strategy)

This legislation authorizes funding for the following programs:

- \$15 million to the Global Tuberculosis Drug Facility which is run by the World Health Organization;
- \$330 million in fiscal year 2008 for the United States Agency for International Development;
- \$450 million for fiscal year 2009 to support the WHO and the Stop Tuberculosis Partnership;
- \$70 million for fiscal year 2008 to the Centers for Disease Control and Prevention (CDC) and up to \$100 million for fiscal year 2009 to carry out global TB activities.

### **BACKGROUND**

Tuberculosis (TB) is a contagious disease that affects the lungs of infected individuals. According to the World Health Organization's (WHO) website, TB caused 1.6 million deaths in 2005 with the highest number of deaths centered in Africa.

The high incidence of TB in Africa is driven by the HIV/AIDS pandemic. The World Health Organization and the African Health Ministers declared tuberculosis to be an emergency in Africa in August 2005.

Multi-drug resistant tuberculosis (MDR-TB) and extensively drug resistant tuberculosis (XDR-TB) are a critical challenge to the global control of TB. Drug resistant TB develops when individuals do not complete their required treatment for TB or are not prescribed the proper treatment regimen.

In 2006, the WHO implemented the Global Plan to Stop TB 2006-2015: Actions for Life. The six point Stop TB Strategy builds on the success of their Directly Observed Treatment Short-course (DOTS) program which has treated more than 22 million individuals.

The six parts of the Stop TB Strategy are:

1. Pursuing high-quality DOTS expansion and enhancement.
2. Addressing TB/HIV, MDR-TB and other challenges.
3. Contributing to health system strengthening.
4. Engaging all care providers.
5. Empowering people with TB, and communities.
6. Enabling and promoting research.

#### [WHO Tuberculosis Fact Sheet](#)

More than 50 percent of TB cases in the United States are attributed to foreign born individuals. The increased globalization of the economy has caused an increase in international travel, commerce, and migration, which could lead to a greater risk of tuberculosis in the United States.

#### **COST**

“CBO estimates that implementing the bill would cost \$93 million in 2008 and about \$900 million over the 2008-2012 period, assuming that the authorized amounts are appropriated and that outlays will follow historical spending patterns for those programs. Enacting the bill would not affect direct spending or revenues.” [CBO Cost Estimate](#)

#### **STAFF CONTACT**

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